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U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL
(only for new and continuation-in-part
nonprovisional applications under 37 CFR 1.53(b))

Client-
Matter No.:
66663-026
(P-EA 5191)

10/611655
06/30/03
U.S. PTO

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This is a request for filing a
 new utility patent application under 37 CFR 1.53(b).
 continuation-in-part under CFR 1.53(b)(2) of prior
application serial no. _____, filed _____.

Title: NON-IMMUNOGLOBULIN BINDING POLYPEPTIDES

Inventor(s) (full name of each inventor): Glen A. Evans
Enclosed are:

Return receipt postcard
 Patent Application Bibliographic Data Sheet
 1 Page application cover sheet
 94 Pages of specification (includes claims and abstract)
 11 Sheets of drawing(s)
 Pages of an executed Declaration for Patent Application
 An executed Power of Attorney for Patent Application by
Assignee
 Paper copy of sequence listing, pages _____ through _____
 Sequence listing in computer readable form
 Statement Under 37 CFR 1.821(f)
 An executed assignment and cover sheet
 An executed Statement Under 37 CFR 3.73(b)
 An executed small entity statement
 Request for Nonpublication and Certification
Also enclosed: _____

This application is based on prior foreign application(s)
No. (s) _____, filed in _____ on _____
respectively, and priority is hereby claimed
therefrom.

This application is based on, and claims the benefit of,
U.S. Provisional Application No. 60/_____, filed _____
, and entitled _____, and which is incorporated
herein by reference.

Inventor: Glen A. Evans
Docket No.: 66663-026 (P-EA 5191)
Page 2

— This application is based on, and claims the benefit of, U.S. Provisional Application No. 60/____ (yet to be assigned), filed _____, which was converted from U.S. Serial No. _____, and entitled _____, and which is incorporated herein by reference.

The filing fee has been calculated as shown below:

	Number Filed	Number Extra	Rate		Fee	
			Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	45- 20	= 25	x \$9	\$18	= \$	\$
Independent Claims	4 - 3	= 1	x \$42	\$84	= \$	\$
Multiple Dependent Claims Presented: <u>X</u> Yes _____ No			\$140	\$280	\$	\$
					BASIC FEE	\$375
					TOTAL FEE	\$750

— Please charge my Deposit Account No. _____ in the amount of \$_____. A duplicate copy of this sheet is enclosed.

The payment of the filing fee is to be deferred until the Declaration is filed. Do not charge our deposit account.

— The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 which may be required or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.

Address all future communications to:

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Respectfully submitted,

Date: June 30, 2003



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